



Introduction

Once upon a time, registered dietitians (RDs) were found in every Indian Health Service (IHS) hospital, offering inpatient and outpatient services. RDs did not have to worry about billing for nutrition services. Instead, nutrition services were considered to be part of the overall care provided to patients, and RDs focused on providing and documenting high quality care. RDs in the Indian health system also received field support and technical assistance from the IHS Nutrition Office in Rockville, Maryland; the Nutrition Training Center in Santa Fe, New Mexico; and the 12 IHS Area Offices. Let's examine how this snapshot of nutrition services has changed over time.

The 1980s

- Health costs began to soar in the U.S.
- The IHS received minimal budget increases to provide or expand services, including nutrition services.

The 1990s

- Health care costs continued their upward trend.
- Despite the growing demand for health services—including nutrition services—the IHS received few budget increases from Congress. As a result, nutrition services in the Indian health system decreased.
- Tribal contracting and compacting for IHS services redirected reduced funds from the IHS to Tribes. Nutrition services became one of the many services that Tribes could provide their customers.
- The IHS decentralized services from Headquarters and Areas to service units, Tribes, and urban Indian health programs.
- The paradigm and language shifted from dietary services to medical nutrition therapy (MNT).
- Managed care companies took over the operation of more and more hospitals. Staff reductions included hospital dietitians, and “non-billable” services were released to contractors.

Today

- Health care costs are enormous!
- Obesity, diabetes, and other chronic conditions are at an all time high. However, the Diabetes Prevention Program offered hope and provided evidence that type 2 diabetes could be prevented or delayed through lifestyle intervention.
- The Special Diabetes Program for Indians offered the opportunity for Tribes to expand lifestyle intervention support and hire RDs to provide this service. Now, more than ever, every dollar counts.



The Future

For some of you, the future is now. The Electronic Health Record and Clinical Reporting System are now certified for Indian health facilities and available in over one-third of clinics.

Step-by-Step Guide to MNT Reimbursement

This step-by-step guide is designed for **you**. The purpose of the guide is to help you learn how to document MNT services and outcomes, work with your health care facility to bill for MNT services, and become active in seeking MNT reimbursement. In addition, you will learn how to market your services within the Indian health care system and to your Tribal customers.

The guide is divided into three main sections:

MNT Reimbursement Overview

This section introduces you to Medicare MNT reimbursement and provides an overview of the qualifying diagnoses for reimbursement.

The 7 Steps to MNT Reimbursement

This section takes you, step-by-step, through the MNT reimbursement process.

Resource Materials

In this section, you will find helpful materials, such as a flow chart, a glossary, references, sample forms, guidelines, and case studies.

The RDs at the Santa Fe Indian Hospital and many others of you shared tips to create this comprehensive, step-by-step guide. The opportunities are there for you. Snatch them! Embrace them! **Just do it!**

